



City of Detroit

Kwame M. Kilpatrick

Mayor

Walter C. Watkins, Jr.

Chief Development Officer/Director

Henry B. Hagood

Director of Development Activities

Burney Johnson

Director of Planning Activities

2003-2004
Community Development Block Grant
(CDBG)
Neighborhood Opportunity Fund
(NOF)

**INFORMATION PACKAGE FOR CDBG/NOF
PROPOSAL FORMS**

This package contains information to assist citizens and community organizations who wish to participate in the CDBG/NOF program. A separate proposal form is to be completed by community organizations wishing to participate as advisors or operating agencies in the CDBG/NOF program.

INFORMATION PACKAGE

- I. Abbreviations
- II. Requests for Proposals
- III. CDBG/NOF Program Information
- IV. Community Development Consolidated Plan
- V. Characteristics of Community Organizations
- VI. Role of Participants
- VII. Criteria for Evaluation of Proposals
- VIII. Schedule

September, 2002
CITY OF DETROIT
KWAME M. KILPATRICK, MAYOR

**2003-2004
COMMUNITY DEVELOPMENT BLOCK GRANT/NEIGHBORHOOD OPPORTUNITY FUND**

**REQUEST FOR PROPOSALS
INFORMATION PACKAGE**

I. ABBREVIATIONS

CDBG	-Community Development Block Grant
CPC	-City Planning Commission
CRC	-Citizen Review Committee
NOF	-Neighborhood Opportunity Fund
P&DD	-City of Detroit Planning & Development Department
RFP	-Request for Proposals

II. REQUEST FOR PROPOSALS

The Mayor and City Council of the City of Detroit invite community organizations to submit proposals for projects to be funded by the Community Development Block Grant/Neighborhood Opportunity Fund (CDBG/NOF) program.

All community organizations including neighborhood resident and business organizations, citizen district councils, block clubs, human service organizations, etc. who wish to participate in the development and implementation of CDBG/NOF projects as advisors and/or as operating agencies should submit proposals.

All proposals must be complete and received in the offices of the Detroit Planning and Development Department **on or before 5:00 PM, Wednesday, November 13, 2002**

III. CDBG/NOF PROGRAM INFORMATION

The CDBG program is a Federal grant program operated by the U.S. Department of Housing and Urban Development. This program provides entitlement grants determined by formula to the City of Detroit.

The overall goal of Detroit's CDBG program is to develop a viable urban community by providing funding for decent housing, economic opportunities, needed services and a suitable living environment, primarily for persons of low and moderate income. The Mayor and City Council of the City of Detroit determine how these grant funds will be spent based on HUD regulations regarding the grant's national objective, activity eligibility, citizen participation, etc.

City of Detroit Planning and Development Department
Mayor Kilpatrick's "KIDS, COPS, & CLEAN" Initiative

Mayor Kwame Kilpatrick's "Kids, Cops, and Clean" initiative highlights his priorities for the citizen's of Detroit. Programs targeting youth, public safety/crime prevention and City clean-up will be given priority in the Mayor's Draft Action Plan.

The NOF program is part of Detroit's CDBG program. The overall goal of the NOF program is to provide funding for the neighborhood improvements and services identified by neighborhood organizations and neighborhood oriented service organizations. Funding is to be provided for one year for projects limited in scope. Projects should be consistent with the HUD Consolidated Plan and existing neighborhood plans and activities.

In reviewing and funding activities proposed by community groups, distinction will be made between proposals for funding from the regular CDBG program and proposals for funding from the CDBG/NOF program. A proposal will be categorized as a regular CDBG proposal if it is based on a multi-year community development plan or a multi-year human service agency strategic plan, and if the proposal includes activities that normally extend beyond one year. A proposal will be categorized as a CDBG/NOF proposal if it is limited in scope and has activities that can normally be completed within one year.

IV. COMMUNITY DEVELOPMENT CONSOLIDATED PLAN

In 2000, the City of Detroit prepared a new five-year Community Development Consolidated Plan following regulations and guidelines from the U.S. Department of Housing and Urban Development (HUD). This plan was submitted to, and approved by HUD. The complete plan included sections on community development needs, current conditions, strategies for meeting community development needs, and mechanisms for monitoring progress in meeting these needs. Each year the City submits an annual plan that include the applications to HUD for the current year funding for the CDBG/NOF, HOME, Emergency Shelter Grant (ESG), AND Housing Opportunities for Persons With AIDS (HOPWA) programs.

CDBG/NOF projects which the City intends to fund will be included in the Consolidated Plan. Prior to submission to HUD, a summary of the plan will be published and a public hearing on the plan will be held. Comments on the plan will be received at the public hearing and by appointment, telephone, and written communication to the Detroit Planning and Development Department. Comments will be considered and changes made in the plan if necessary or desirable.

V. CHARACTERISTICS OF COMMUNITY ORGANIZATIONS

Community organizations making proposals for CDBG/NOF should have the following characteristics:

1. Distinct boundaries and /or service areas
2. Elected officers and board
3. Representation of people within their boundaries and/or service areas
4. Open meetings and membership
5. Public records

Neighborhood based organizations should consider the following when defining their activities and project areas:

1. Too Large Area. The impact of activities may be dissipated in an area that is too large. If the boundaries of the neighborhood organization are very large, consider targeting the proposed activity for greater impact.
2. Too Small Area. The impact of activities may not benefit a sufficient number of people or area if the area is too small. If the boundaries of the area are too small, consider joining with adjacent block clubs for a joint proposal, or expanding boundaries.

3. Overlapping Boundaries. Organizations which share overlapping boundaries and submit proposals should resolve the boundary issue prior to proposal submission.
4. Umbrella Organization – (Coalition of Several Groups). A small group within the boundaries of an umbrella organization should consider the benefits to a greater number of people. If a smaller group is within the boundaries of an umbrella group, consider coordinating the submission of a proposal.

VI. ROLES OF PARTICIPANTS IN CDBG/NOF PROCESS

Participants in the CDBG/NOF process include community organizations and City agencies of the executive and legislative branches of government. Each of the roles are described below:

A. COMMUNITY ORGANIZATIONS

Community organizations include neighborhood resident organizations, neighborhood business organizations, local community development corporations, citizen district councils, block clubs, human service organizations, etc.

These organizations submit proposals for funding from the CDBG/NOF program. Community organizations whose projects are funded and require support services will participate as advisors in the implementation of their project. Organizations that are properly incorporated or organized as City designated citizen district councils, and which have staff capable of carrying out activities, may operate funded projects.

EXECUTIVE BRANCH OF GOVERNMENT

B. MAYOR

The Mayor selects the CDBG/NOF projects to be funded and submits the selected projects to the City Council for its approval. The Mayor has assigned CDBG/NOF duties, described

below, to the Planning and Development Department. As indicated below, the Mayor receives recommendations from the Planning and Development Department and other City departments regarding the CDBG/NOF projects to be funded.

C. PLANNING AND DEVELOPMENT DEPARTMENT (P&DD)

As coordinator for the CDBG/NOF program, the Planning and Development Department receives and logs proposals, reviews them for consistency with overall City development plans and policies, and forwards them to the City Planning Commission and Citizen Review Committee for legislative review.

The Planning and Development Department also evaluates CDBG/NOF proposals and makes recommendations to the Mayor. Once final appropriations are made, PDD carries out the approved activities at the direction of the Mayor.

D. OTHER CITY DEPARTMENTS

Other City departments review and comment on CDBG/NOF proposals at the request of the Planning and Development Department. Several City departments, in addition to the Planning and Development Department, carry out CDBG/NOF projects at the direction of the Mayor.

LEGISLATIVE BRANCH OF GOVERNMENT

E. CITY COUNCIL

City Council approves, disapproves, or modifies the projects submitted by the Mayor. The City Council uses the recommendations from the City Planning Commission and Citizen Review Committee in making its decisions.

F. CITY PLANNING COMMISSION (CPC)

The City Planning Commission advises City Council on the CDBG/NOF program. For information regarding the evaluation process and

criteria of the City Planning Commission, you may contact Ms. Deborah Ferris, (313) 224-7887.

G. CITIZEN REVIEW COMMITTEE (CRC)

The Citizen Review Committee advises City Council and the City Planning Commission on the NOF program and on NOF proposals. In doing this, CRC evaluates proposals and submits recommendations. For information regarding the evaluation process and criteria of the Citizen Review Committee, you may contact Ms. Deborah Ferris, (313) 224-7887.

NOTE:

As part of the review process, the City Council has contracted with an Evaluation Team from Wayne State University to conduct both site visits and written surveys to evaluate CDBG/NOF activities. Timely completion of these site visits and/or surveys is important to facilitate the review process. Delays may jeopardize funding recommendations.

VII. CRITERIA FOR EVALUATION OF PROPOSALS

CDBG/NOF proposals received from community groups will be evaluated based on the following criteria:

PROPOSAL CRITERIA

- ❑ **Proposals must be complete when submitted**, including all requested budgets and financial reports, support letters, signatures, etc.
- ❑ Proposals for regular CDBG funding must include a multi-year community development plan, organization strategic plan, or human services plan.
- ❑ A Leadership Representative (Officer, Board member, Management staff, etc.) from the organization **MUST annually attend one of the CDBG/NOF proposal writing workshops** provided by or co-sponsored by the City Planning Commission
- ❑ Sponsors must have a functioning multi-member board **of at least five members which meets at least quarterly** and is representative of the community or neighborhood involved. Names and addresses of board members who are residents and who represent other organizations **must be listed** in the application.
- ❑ Sponsors must have demonstrated ability to effectively participate in the planning, implementation, monitoring and/or evaluation of the project, including financial management.
- ❑ Sponsors must be accountable to community or neighborhood residents with respect to the proposed project through, for example, open meetings, newsletters, public notice, etc.
- ❑ Sponsors must show that community or neighborhood residents and businesses have been involved in the proposal's development through representation on the board and/or committees of the board, or through participation in a planning process consisting of public meetings, surveys, or petitions, etc.
- ❑ Operating sponsors, i.e., those carrying out approved projects and receiving funds and disbursing payments, must have been **an existing organization for at least one year**
- ❑ **Proposals must be received by the date and time required.** No late proposals will be considered. Proposals should be hand delivered or should be mailed early enough to assure timely delivery. No exceptions will be made for proposals lost or delayed in the mail. Proposals submitted by FAX will not be accepted.
- ❑ Proposals must be submitted on the 2003-2004 proposal form provided. Exact reproductions of the formal application are acceptable.

prior to submission of this CDBG/NOF application.

- ❑ Operating sponsors must be Michigan non-profit corporations or City designated citizens' district councils.
- ❑ Previously CDBG/NOF funded operating sponsors must provide evidence that funding from other non-CDBG sources has been sought. Documentation should be available.
- ❑ Previously CDBG/NOF funded operating sponsors must not have unresolved audit findings.
- ❑ Operating sponsors must not have unresolved tax obligations. All city, state, and federal withholding taxes and city property taxes should be paid to date.
- ❑ Operating sponsors who have been previously funded should have demonstrated sound management practices in submitting accurate financial reports, requests for payment, etc., on a monthly basis following the receipt of the first advance or payment.
- ❑ Sponsors who have been previously funded must be able to document efforts to bring about project implementation.
- ❑ Operating sponsors may be asked to provide an audit or financial statement prepared by a certified public accountant.

ACTIVITY CRITERIA

- ❑ Activities proposed must meet a HUD national objective eligibility requirement of benefiting persons with low/moderate income or eliminating slums and/or blight.
- ❑ Activities proposed must be eligible under CDBG regulations.
- ❑ Activities proposed must be consistent with the overall goals of the CDBG/NOF program as described above.
- ❑ Activities proposed must be consistent with the HUD Consolidated Plan, and existing, written plans endorsed by citizen district councils or representative community based organizations, if applicable.
- ❑ Activities proposed must be in compliance with zoning requirements.
- ❑ Activities proposed must be supported by other neighborhood organizations, service providers business associations, and/or program recipients or their families. Three recent letters of support should be included (dated since July 1, 2002).
- ❑ Activities proposed should not require additional City General Fund monies to operate or maintain them.
- ❑ Activities proposed must meet the requirements of the U.S. Constitution regarding separation of church and state (Additional guidelines are available.)
- ❑ Physical and economic development activities should contribute to improving and conserving the immediate residential neighborhood.
- ❑ Activities proposed must meet specific needs of the area or population as determined by the community based organizations and/or service providers and program recipients.
- ❑ Activities proposed should provide an innovative approach to solving problems or be activities that have proven effective in addressing the problems identified.
- ❑ Activities proposed should be community initiated.
- ❑ Activities proposed should benefit local neighborhoods and low-income persons.
- ❑ Physical and economic development activities proposed should complement other efforts to preserve neighborhoods.

- ❑ Activities proposed should link two or more programs through coalition building, collaboration, and/or partnership.

ACTIVITY CRITERIA: SPECIAL CRITERIA FOR PUBLIC SERVICE ACTIVITIES

- ❑ Public facilities from which public services are operated must meet Federal accessibility requirements and local building codes.
- ❑ Operating sponsor must provide evidence that it is already operating the proposed public service or has the capacity to operate the service.
- ❑ Sponsors must serve a reasonable minimum number of clients based on the type of activity.
- ❑ Sponsor must demonstrate the ability to raise and/or leverage other funds, including in-kind contributions from non-CDBG/NOF sources.
- ❑ Sponsor must submit a detailed budget for the proposed activity.
- ❑ Sponsor must demonstrate that an adequate accounting system (e.g. double entry) is in place.
- ❑ Sponsor may be asked to provide its most recent audit or financial statement prepared by a certified public accountant.
- ❑ Sponsor must have a functioning multi-member board of directors of at least five members which meets at least quarterly and which includes at least five persons representative of the community.
- ❑ Sponsor board of directors should have representatives of the neighborhood (as defined by the sponsor's boundaries) in which the project facility will be located. Such representatives should be residents, property owners, or persons operating businesses or institutions with the neighborhood. Copies of minutes and/or sign in sheets may be requested.
- ❑ Sponsor should have Federal 501(c)(3)-tax status.

ACTIVITY CRITERIA: SPECIAL CRITERIA FOR PUBLIC FACILITY REHAB (PFR)

- ❑ Sponsor should have neighborhood representation on the board from the area in which the facility will be located. Such representatives should be residents, property owners, and/or persons operating businesses or institutions within the area.
- ❑ Rehab cost specifications by an architect/contractor for the complete proposed rehab must be submitted with the proposal. Proposals for developing rehab specifications will be considered.
- ❑ Sponsor must own the building to be rehabilitated or have a long term lease (10-year lease preferred).
- ❑ Public facilities to be rehabilitated must meet Federal accessibility and local building code requirements after rehabilitation.
- ❑ Funds for operating the facility and public service program must be in place.
- ❑ Sponsor must be able to document that a public service program is currently operating.
- ❑ Funding requested must be for the entire project or for a workable portion of the project to be used within one year.
- ❑ Funding requested must be enough to bring the building up to minimum City building code and HUD requirements for activity.
- ❑ Facility must be open to the public on a regular basis and for appropriate number of hours depending on the type of facility and population served.
- ❑ Sponsor should provide evidence that funding from other non-CDBG/NOF sources has been sought.
- ❑ Sponsors who have been allocated a cumulative total of \$100,000 since the 1997-98 funding year must provide a dollar for dollar match for PFR funds in excess of \$100,000.

- ❑ Sponsors who have been allocated a cumulative total of \$250,000 since the 1997-98 funding year will be ineligible for public facility rehab funding for a four-year period.

NOTE:

As part of the review process, the Planning and Development Department Engineering staff and/or their designee may conduct a site visit and building assessment for eligible PFR applicants if such assessment was not conducted within the last two years. It will be important to schedule this review in a timely manner to facilitate the review process. Delays in completing this review may jeopardize funding recommendations

ACTIVITY CRITERIA: SPECIAL CRITERIA FOR HOME REPAIR ACTIVITIES (HR)

- ❑ Project must have distinct boundaries.
- ❑ Sponsor's board must have broad representation of the neighborhood (as defined by the sponsor's boundaries) in which the project will be located.
- ❑ Substantial housing rehabilitation activity must contribute to improving and conserving the immediate residential neighborhood.
- ❑ Sponsor should demonstrate that it is implementing or participating in other non-CDBG/NOF funded activities, for example, neighborhood clean up, neighborhood watch, etc.
- ❑ Home repair should directly benefit low to moderate-income persons, and should make a substantial impact on conserving or improving neighborhoods.

VIII. SCHEDULE

September, 02	Preparation and distribution of CDBG/NOF information package and proposal form. Announcement in the newspaper of the availability of the information package and proposal form and the deadline for submission of 2003-2004 CDBG/NOF proposals.
October 2, Oct. 5 & Oct. 13, 2002	City Planning Commission workshops on the preparation of 2003-2004 CDBG/NOF proposals. Contact CPC at 224-6225.
November, 2002	Planning and Development Department public meetings/hearings on the HUD Consolidated Plan and the CDBG/NOF program. Hearing will be held in the 13 th Floor Auditorium of the Coleman A. Young Municipal Center (former the City County Building).
Sept.-Nov. 13, 2002	Preparation and submission of proposals by community groups.
November 13, 2002	Deadline for submission of community group project proposals for consideration for funding from the 2003-2004 CDBG/NOF.

ALL COMMUNITY GROUP PROPOSALS FOR THE 2003-2004 CDBG/NOF PROGRAM YEAR MUST BE RECEIVED IN THE OFFICES OF THE DETROIT PLANNING AND DEVELOPMENT DEPARTMENT, Second Floor, CADILLAC TOWER, ON OR BEFORE 5:00 P.M. WEDNESDAY, NOVEMBER 13, 2002.

WARNING: COMMUNITY GROUP PROPOSALS RECEIVED AFTER THIS TIME AND DATE WILL NOT BE ACCEPTED FOR FUNDING FROM THE 2003-2004 CDBG/NOF PROGRAM EVEN IF POSTMARKED BY THE

DEADLINE DATE. FAXED COPIES OF PROPOSALS WILL NOT BE ACCEPTED.

NOTE: ALL PROPOSALS MUST BE SUBMITTED ONLY ON A 2003-2004 CDBG/NOF PROPOSAL FORM (ATTACHED).

Nov. 2002-Feb. 2003	Review and evaluation of CDBG/NOF proposals and preparation of the draft revised Consolidated Plan including the Mayor's 2003-2004 CDBG/NOF funding recommendations. P&DD will coordinate the review and evaluation of CDBG/NOF proposals for the Mayor.
March, 2003	Submission of the Mayor's proposed Consolidated Plan, including 2003-2004 CDBG/NOF project funding recommendations to the City Council for approval, <u>AND</u> publication of the revised Consolidated Plan summary, including 2003-2004 CDBG/NOF project funding recommendations.
March, 2003	Public hearing on the Mayor's proposed Consolidated Plan, including the 2003-2004 CDBG/NOF project recommendations.
March-April, 2003	City Council review of the Mayor's proposed Consolidated Plan, including the 2003-2004 CDBG/NOF project funding recommendations.
April, 2003	City Council action on the Mayor's proposed Consolidated Plan, including the 2003-2004 CDBG/NOF project recommendations. The Mayor may veto this City Council action. City Council will have an opportunity to override any mayoral veto.
April or May, 2003	Final City Council action on the Consolidated Plan, including 2003-2004 CDBG/NOF
May, 2003	Submission of the Consolidated Plan, including 2003-2004 CDBG/NOF projects, to HUD for review and approval.
May-June, 2003	HUD review and approval of the Consolidated Plan, including 2003-2004 CDBG/NOF projects
July 1, 2003	The 2003-2004 CDBG/NOF program year begins.

SUPPORT LETTERS:

Applicants are required to submit at least three letters of support which are dated after July 1, 2002. These letters should clearly indicate the need for the program, the impact of the program, and the reasons the sponsoring organization is an appropriate agency as an agent or operator of the program. These letters should be signed and should include the address of the person writing the letter (except in cases where client confidentiality is a concern).

Letters should be provided from those persons or family members of persons who benefit from the program and/or other organizations and service providers who provide services or advocate to this same or similar populations. Letters may also be provided by local business associations or neighborhood organizations.

WARNINGS

NOTE: Before CDBG/NOF project implementation can begin, an environmental review must be completed, HUD release of funds must be obtained, and appropriate contracts must be approved.

WARNING: No CDBG/NOF funds may be expended or committed prior to the required contractual agreements which must be approved by the Detroit Planning and Development Department, acting for the Mayor and the Detroit City Council.

WARNING: Approval of a **PROPOSAL** by City Council does not constitute approval of the required **CONTRACT!**

Approval of the required contract does not occur until the community group sponsor of the CDBG/NOF grant has submitted various documents to the Planning and Development Department. Sponsors must not make commitments for the provision of services of any kind prior to approval of the required contract. This includes commitments for bookkeeping, architecture, planning, construction, rehabilitation or professional services of any kind.

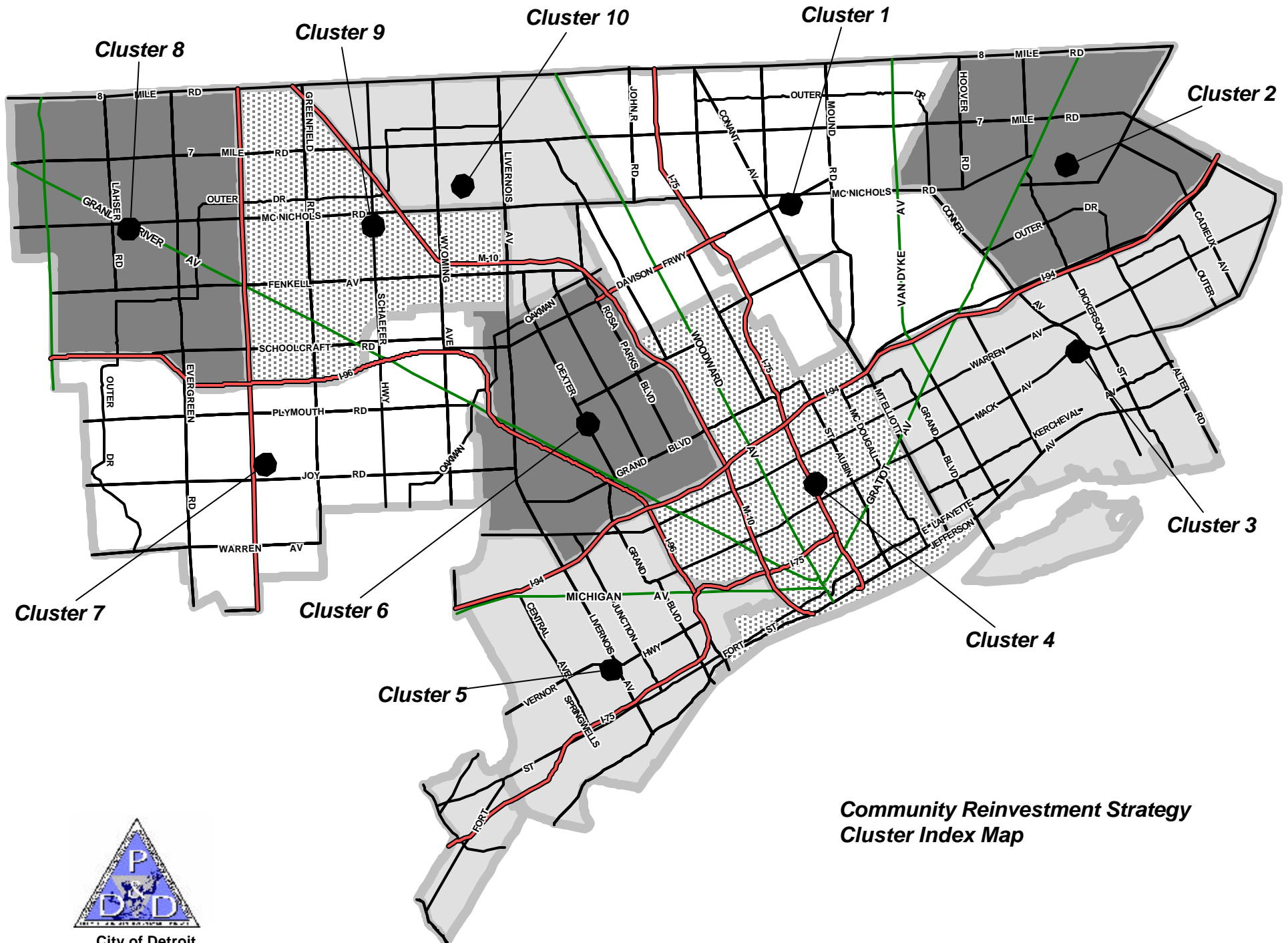
The Planning and Development Department will convene a series of informational workshops to which all sponsors of approved grants will be invited. Staff will explain the CDBG/NOF process and answer questions. Grant sponsors are advised to carefully read the invitation to the workshop and carefully follow the instructions found in the invitation.

Completion of a CDBG/NOF contract is tied directly to participation in these workshops. Those who attend and follow directions will have contracts approved expeditiously.

NOTICE OF NONDISCRIMINATION: THE CITY OF DETROIT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, CREED, NATIONAL ORIGIN, AGE, HANDICAP, SEX OR SEXUAL ORIENTATION. COMPLAINTS MAY BE FILED WITH THE DETROIT HUMAN RIGHTS DEPARTMENT, COLEMAN A. YOUNG MUNICIPAL CENTER, DETROIT, MI 48226

Proposals are due before 5:00 pm on Wednesday, Nov. 13, 2002

<p>Proposals should be delivered to the Welcome/Information Center on the Mezzanine (Second Floor)</p>



**Community Reinvestment Strategy
Cluster Index Map**



CITY OF DETROIT
KWAME M. KILPATRICK, MAYOR

Community Development Block Grant Program (CDBG)
Neighborhood Opportunity Fund (NOF)

2003-04 CDBG/NOF PROPOSAL FORM

INSTRUCTIONS:

1. This proposal must be complete in all sections. All 2003-04 CDBG/NOF proposals must be submitted on this form. Please type or print legibly.
2. Every attempt should be made to answer the questions within the space provided. Supplemental material which the sponsor believes will assist in the proposal evaluation can be included with this form.
3. A separate activity section should be used for each activity requested. Furthermore, an additional copy of the proposal (beyond the required five copies plus the original) should be submitted for each additional activity requested.
5. **SUBMIT the original and five copies** (total of six) of this form and any additional materials for each activity requested. If more than one activity is requested, an additional copy should be submitted for each subsequent activity. Each set (which includes the application and the attachments) should be placed in a separate, labeled envelope, i.e., six separate envelopes. Be sure to mark the original.
6. If you have any questions, call the Detroit Planning and Development Department, Grants Management Section, at 224-3532.

**2003-04 Request for Proposals
Information Package
contains more extensive instructions**

The Detroit City Council has established the criterion that attendance at one of the proposal writing workshops sponsored by the City Planning Commission will be required to be considered for funding.

DEADLINE DATE FOR SUBMISSION

All proposals for the 2003-04 CDBG Program year **MUST BE RECEIVED** in the offices of the Detroit Planning and Development Department at the address below on or before **5:00 P.M. Wednesday, November 13, 2002**.

WARNING: PROPOSALS RECEIVED AFTER THIS TIME AND DATE WILL NOT BE ACCEPTED FOR THE 2003-2004 CDBG/NOF PROGRAM EVEN IF POSTMARKED BY THE DEADLINE DATE. FAXED COPIES OF PROPOSALS WILL NOT BE ACCEPTED.

REMEMBER: The ORIGINAL AND FIVE(5) COPIES plus additional copy for each additional activity OF THE COMPLETE PROPOSAL AND ATTACHMENTS FOR EACH REQUEST MUST BE SUBMITTED TO AND RECEIVED BY THE DETROIT PLANNING & DEVELOPMENT DEPARTMENT AT THE ADDRESS BELOW NO LATER THAN 5:00 P.M. ON WEDNESDAY, NOVEMBER 13, 2002.

**Note Change this year: Applications
will be accepted on the second (2nd)
floor Welcome Center rather than
the 23rd floor of PDD.**

*City of Detroit
Planning and Development Department
Attention: Grants Management Division
2300 Cadillac Tower, Detroit, MI 48226
Telephone (313) 224-353*

2003-04 PROPOSAL
*Community Development Block Grant (CDBG) and
Neighborhood Opportunity Fund (NOF)*

Check all that apply:

- Public Service ☐
Public Facility Rehab ☐
Home Repair ☐
Other ☐

Legal Name of Sponsoring Organization: _____
List name as recorded on the incorporation papers

Project Name: _____
List project name, ie. Senior Hot Lunch program or Youth Mentoring Program

Contact person: *(The person most familiar with this proposal and program).*

Name: _____

Preferred Mailing Address: _____ City: _____ Zip: _____

Address of the administrative offices: _____

Address of primary program site(s): _____

Day phone: _____ Evening phone: _____

Fax Number: _____ Email Address: (if any) _____

1. **What is the mission of the sponsoring organization?** *Answers should be 50 words or less.*

2. **What programs/activities does this organization implement to achieve this mission?**

3. **Are any of these activities currently funded with City of Detroit CDBG/NOF dollars?** ☐ Yes ☐ No
If yes, which ones:

4. **BRIEFLY summarize the activities you propose to fund with 2003-04 CDBG/NOF funds requested in this application.** *(Use only the space provided below. You will provide a more detailed explanation later in the application).*

5. Are there any other organizations that provide a similar service in your service area? ☐ Yes ☐ No
Please identify:
6. Please explain why your organization is the most appropriate to sponsor the proposed activity in your target area, i.e., please explain your unique capacity to implement the proposed activities in an effective manner.
7. What community support do you have in place for this program, i.e., how do you relate to the community around the location of your program?

Organizational information/Staff

8. Date sponsor organized: _____
9. Is sponsor incorporated: ☐ Yes ☐ No
If yes, date: _____
If yes, attach a copy of your annual nonprofit information report or update to the State of Michigan as attachment #2.
10. Is this organization tax exempt, 501(c)(3)? ☐ Yes ☐ No
If yes, give date exemption granted: _____
11. Check one: ☐ Profit ☐ Nonprofit
12. Number of staff persons, if any:
 _____ Paid, full time _____ Interns _____ Volunteer
 _____ Paid, part time _____ Others (specify)
- If volunteers are used, what is the average number of _____ hours
total volunteer hours used: per week/month/year (circle one)

Outputs and Outcomes for all Programs

13. **What outputs/products/accomplishments have been produced by your organization in the last year in all program components?** *Be specific as to the number served or products/services produced during the last year.*
14. **What are the lasting or long-term benefits (outcomes) of your program(s)?**
15. **Who is actually benefiting from your existing activities?** *Be as specific as possible.*
16. **How does your organization measure the success, outcomes or impacts of this program?**
17. **What percentage of your participants are low to moderate income?** _____
How do you verify income?
18. **What percentage of your clients are Detroit residents?** _____
How do you verify residency?

Financial Information

19. Who is responsible for maintaining your financial records (bookkeeper, accountant, treasurer, etc.)?

Name	Phone	Position
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20. What was the amount of your total annual expenses for the last fiscal year? \$ _____

21. Has your organization had a A-133 audit by a Certified Public Accountant? ☐ Yes ☐ No

22. When was the most recent audit, compilation, or review of your financial records? Date: _____

Attach a copy of the findings from your most recent audit. (Attachment 12)

23. List Non CDBG/NOF Proposals submitted since July, 2001. If necessary, attach additional pages, and label as #23. (Documentation should be available upon request):

Date	To Whom	Amt requested, Status, Amount awarded, activities, etc.

24. Do you currently have a contract with the city for CDBG/NOF funds? ☐ Yes ☐ No ☐ NA

25. Have you submitted CDBG/NOF payment reimbursement requests? ☐ Yes ☐ No ☐ NA

If yes: Date last payment request was submitted? _____

For what period was the reimbursement requested? _____

26. Has this sponsor submitted a previous CDBG or NOF application under a different name? ☐ Yes ☐ No

If yes, please give name(s) : _____

27. Has this sponsor previously been funded with CDBG / NOF funds? ☐ Yes ☐ No

28. Is this activity intended to exclusively serve persons who are homeless? ☐ Yes ☐ No

29. Does this sponsor participate in the City's Continuum of Care? ☐ Yes ☐ No

30. Is this activity intended exclusively to serve persons with AIDS or HIV⁺? ☐ Yes ☐ No

31. Does United Way fund this organization? ☐ Yes ☐ No

32. Is this organization subject to any current judgments, lawsuits, IRS arrearages, etc.? ☐ Yes ☐ No
If yes, please explain: _____

Board

33. Does your organization have a board? ☐ Yes ☐ No
If yes, how is the board selected?

☐ Election by board

☐ Appointment by board

☐ Election by membership

☐ Other _____

34. How many persons do the by-laws specify to be on the board? _____

35. List dates and time of organization's regular board meetings: _____

- 36. List organization's board members:** *See criteria regarding board, Instructions, page 4.*

-----Check all that apply-----

[illegible]

37. Who is the Chairperson/President of your board?_____

CERTIFICATIONS

This page MUST be completed by all sponsoring organizations.

REMEMBER: If a proposal is approved, all Federal regulations must be complied with, City procedures must be followed, an environmental review must be completed, HUD release of funds must be obtained, and appropriate contracts must be approved.

WARNING: No CDBG/NOF funds may be expended or committed prior to the required contractual agreements which must be approved by the Detroit Planning and Development Department or Human Services Department, acting for the Mayor, and the Detroit City Council. Commitments include architectural, planning and professional services, as well as construction and rehabilitation work. Such commitments require contracts and are prohibited prior to the approval of the contract by the City of Detroit.

WARNING: Approval of a proposal by City Council does not constitute approval of the required contract.

Certification by the Chairperson of the Board

I certify that I have read and understand the notices and warnings listed above.

I certify that all information presented herewith is true and correct to the best of my knowledge.

I further certify that the Board of Directors has authorized the submission of this CDBG/NOF proposal.

Signed: _____ Date: _____

Certification of Separation of Church and State

I certify that, if funded, all proposed activities shall be carried out in full compliance with the requirements of the U.S. Constitution regarding separation of church and state, and I commit the sponsoring organization to full compliance.

Signed: _____

Title _____ Date: _____

PUBLIC SERVICE ACTIVITY

Name of Sponsoring Organization

Name of Project

PS-1. Amount of request:

--

*Complete a separate application for each for each public service activity you are requesting. Different PS activities serving **the same population** may be combined into one project, i.e., meals for seniors and activities for seniors. Meals for seniors and recreation for youth would be two separate activities.*

PS-2. Provide a detailed description or “Scope of Service” for this requested public service activity. Be sure to include all elements, phases, or units including any special events, annual meetings, field trips, staff trainings, workshops, performances, practices, rehearsals, etc. *(You should indicate the number of persons to be served, number of times an individual client can be served, a description of a unit of service, the number of units of service, where the service will be provided, etc. Be sure your budget reflects all items that you expect to be paid from CDBG/NOF funds.) Attach additional pages labeled PS-2, if necessary*

PS-3. Project is: ☐ Citywide ☐ For a specific project area
If for a specific project area, please indicate the boundaries of your project area and attach a map as attachment 10.

NORTH _____ EAST _____

SOUTH _____ WEST _____

PS-4. Does this program in any way support the Mayor's Kids, Cops, Clean initiative? ☐ Yes ☐ No
If yes, please explain EXACTLY how this program supports the Kids, Cops, Clean initiative:

PS-5. Which Community Revitalization Strategy area(s) does this program serve?
Check all that apply. See map provided with instructions

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cluster 1 | <input type="checkbox"/> Cluster 2 |
| <input type="checkbox"/> Cluster 3 | <input type="checkbox"/> Cluster 4 |
| <input type="checkbox"/> Cluster 5 | <input type="checkbox"/> Cluster 6 |
| <input type="checkbox"/> Cluster 7 | <input type="checkbox"/> Cluster 8 |
| <input type="checkbox"/> Cluster 9 | <input type="checkbox"/> Cluster 10 |

PS-7. Age of participants (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Infants (under 2) | |
| <input type="checkbox"/> Children - 2-12 | |
| <input type="checkbox"/> Youth - 13-18 | |
| <input type="checkbox"/> Young adults 19-35 | <input type="checkbox"/> Cluster 5 <input type="checkbox"/> Cluster 6 |
| <input type="checkbox"/> Mature adults - 36-55 | |
| <input type="checkbox"/> Senior Citizens - 56-79 | |
| <input type="checkbox"/> Frail elderly - 80 and up | |
| <input type="checkbox"/> Other, specify range: _____ | |

PS-6. Reason for requesting CDBG/NOF funding for this activity (check all that apply):

- ☐ Continue existing CDBG/NOF funded Public Service project
- ☐ Prevent reduction of existing service levels (*due to increased costs*)
- ☐ Expand (add to) existing service levels to meet unmet or increased needs
- ☐ Create a new activity to meet a gap in existing services
- ☐ Replace a loss of other funding to existing program
- ☐ Match or leverage another funding source
- ☐ Replace volunteer efforts
- ☐ Other, please explain _____

PS-8. Gender of participants (check all that apply)

- ☐ Male ☐ Female

PS-9. What particular criteria or "at-risk" factors does your program target? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Dropped out of school | <input type="checkbox"/> HIV+/AIDS |
| <input type="checkbox"/> Teen pregnancy | <input type="checkbox"/> Court adjudicated |
| <input type="checkbox"/> Juvenile delinquency | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Nutrition, hunger | |
| <input type="checkbox"/> Substance abuser | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Losing public benefits | <input type="checkbox"/> Evicted |
| <input type="checkbox"/> Violent behavior | <input type="checkbox"/> None |
| <input type="checkbox"/> Other; Please explain _____ | |

PS-10. Special needs of participants

(check all that apply)

- ☐ Blind
- ☐ Deaf
- ☐ Paraplegic
- ☐ AIDS
- ☐ Alzheimer's or other dementia
- ☐ Other Disabled; please explain: _____

- ☐ Illiterate
- ☐ Senior Citizen
- ☐ Homeless
- ☐ Abused Children
- ☐ Abused Spouses
- ☐ Migrant Workers
- ☐ None
- ☐ Other special needs; please explain _____

PS-11. Are participants targeted by other factors? (Race, attend specific schools, ethnic group, Empowerment Zone residency, service area residency, attend specific schools, single parent family, etc.)

☐ Yes

☐ No

If yes, please identify targeting factors used:

PS-12. How will you publicize this program, i.e. how will people know this program is available?

PS-13. What is your process for intake, i.e., how do you register, enroll, or initiate services for your clients?

PS-14. What criteria are used to select participants in the event there are more applicants than openings? (Check all that apply)

- ☐ Income level (*Attach a copy of the income guidelines used.*)
- ☐ Referral from another agency; What agency: _____
- ☐ Special skills/talents; please explain: _____
- ☐ Membership; please explain: _____
- ☐ First come, first served
- ☐ Other, please explain: _____

PS-15. Does this project charge fees to participants?

☐ Yes ☐ No

(Note: excessive fees may not be charged.)

PS-16. If yes, how much? \$_____/ per *(Check one)* ____activity ____week ____month ____year

PS-17. If fees are charged, explain your policy for waiving or otherwise paying fees for persons unable to pay:

PS-18. Will the proposed activities operate year-round or seasonally?

☐ Year-round ☐ Seasonal

If seasonal, which months of the year will this program operate?

PS-19. What standards, measures, benchmarks are used to assure or verify that this is a quality/successful program. *(Example: Meals comply with USDA dietary standards; tutors will be certified teachers; etc.)*

PS-20. List the hours each day that this public service program is and/or will be in operation.

Attach a separate sheet if there are multiple activities or locations. *(City staff will assume that there will be an observable program in place during these hours; if there is any change in these hours you MUST inform the Planning and Development Department in writing):*

	Activity	HOURS OF CURRENT PROGRAM	HOURS OF PROPOSED PROGRAM	Location Address***
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

*** Complete a building form (Attachment 8) and provide a property tax statement (Attachment 7) for each address. If there are more than 3 addresses or if this is not applicable, please contact Fern Clement at the Detroit Planning and Development Department, 224-3532.

PS-22. Indicate the number of clients (unduplicated count) that were provided services during the last fiscal year and the number proposed (unduplicated count) to be served with the requested funding.

PS-23. Define each unit of service that is an element of the program to be funded by CDBG/NOF, how this unit is measured, and how many you expect to be able to provide for with the requested funding.

2003-04 CDBG/NOF

PS-24. Public Service Budget

Complete the following budget form for the requested public service activity:	Amount from other funding	Amount from 2003-2004 CDBG/NOF funds requested
PERSONNEL		
Salaries <i>(should match total CDBG/NOF from Public Service-Page 3, PS-14)</i>		
Employer Taxes (FICA, FUTA, etc.)		
Fringe (health insurance, life insurance, etc.)		
Personal Services Contracts <i>(List title for each & hourly rate or weekly pay)</i>		
OPERATING EXPENSES (Itemize)		
Rent		
Utilities		
Transportation		
Communication		
Insurance		
Consumable supplies		
Other (list)		
SPECIFIC PROGRAM EXPENSES –Excluding personnel (Itemize)		
TOTAL AMOUNT REQUESTED FROM CDBG/NOF		

PS-25. Describe all the staff positions needed to operate this public service activity, including those proposed to be funded by CDBG/NOF as well as those proposed to be funded by other sources:
(attach additional page labeled #PS-25, if needed)

<i>Title/ position</i>	<i>No. of FTE*</i>	<i>Qualifications/De gree, etc.</i>	<i>Hrs/Wk</i>	<i>Salary or Hourly Rate</i>	<i>Annual amount</i>	<i>Total from sources other than CDBG/ NOF</i>	<i>Annual total from CDBG/ NOF</i>
**TOTAL CDBG/NOF Funds for staff							

**FTE=full time equivalents*

*** (This figure should match the figure on salaries line on the Form 1: Budget, page 13, PS-24 of this application)*

**PS-26. Are all the expenses in the attached Budget, page 12, #PS-24,
directly related to the activities described in the previous pages?**

☐ Yes ☐ No

If no, please explain:

**PS-27. Has this sponsor established a cost per service fee that could be used
as a basis for reimbursement of these requested funds?**

☐ Yes ☐ No

If yes, please explain how that figure was determined

**PS-28. If this sponsor has established a cost per service fee, is it currently being
used as a basis for reimbursement in any current contract you have with
any government agency?**

☐ Yes ☐ No

If yes, please explain:

PUBLIC FACILITY REHAB (PFR)

Name of Sponsoring Organization

Address of building to be rehabilitated

PFR-1 Amount requested from CDBG/NOF for this PFR activity?

PFR-2 Describe in priority order, the rehab work proposed for which CDBG/NOF funding is being requested.

PFR-3 Did your organization apply for PFR funding last year (2002-2003) or the previous year (2001-2002) for this facility?

☐ Yes ☐ No

PFR-4 If yes, did your organization have a building assessment completed by the Planning and Development Department during the proposal review?

☐ Yes ☐ No

If yes, have there been any circumstances that would significantly alter the recommendations of that building assessment?

☐ Yes ☐ No

If yes, please explain:

PFR-5 Are there public service activities taking place in this facility at the present time?

☐ Yes ☐ No

a. If yes, describe in detail including number of persons served.

b. How are these public service activities funded?

PFR-6 Which Community Revitalization Strategy area(s) does the program(s) in this facility serve? Check all that apply. See map provided with instructions, page ____

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cluster 1 | <input type="checkbox"/> Cluster 2 |
| <input type="checkbox"/> Cluster 3 | <input type="checkbox"/> Cluster 4 |
| <input type="checkbox"/> Cluster 5 | <input type="checkbox"/> Cluster 6 |
| <input type="checkbox"/> Cluster 5 | <input type="checkbox"/> Cluster 6 |
| <input type="checkbox"/> Cluster 7 | <input type="checkbox"/> Cluster 8 |
| <input type="checkbox"/> Cluster 9 | <input type="checkbox"/> Cluster 10 |

PFR-7 Describe in detail the public service activities which will be carried out at this facility after rehabilitation, if different.

How will these public service activities be funded?

PFR-8 List the hours each day that this facility is and/or will be in operation. *(City staff will assume that there will be an observable program in place during these hours; if there is any change in these hours you MUST inform the Planning and Development Department in writing):*

	Activity	CURRENT HOURS OF OPERATION	HOURS OF OPERATION AFTER REHAB
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

*** Complete a building form (Attachment 8) and provide a property tax statement (Attachment 7)

PFR-9 Has this organization receive PFR funds from CDBG/NOF for this or other sites in the past 6 years:

		<i>THIS SITE:</i>	<i>OTHER SITE(S):</i>
a. Last year (2002-2003)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____	Amount: _____
b. Previous year (2001-02)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____	Amount: _____
c. Previous year (2000-01)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____	Amount: _____
d. Previous year (1999-00)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____	Amount: _____
e. Previous year (1998-99)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____	Amount: _____
f. Previous year (1997-98)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: _____	Amount: _____

TOTAL received for this site since 1997: _____

PFR-10 Has sponsor received CDBG/NOF money for rehab (PFR) of this site ☐ Yes ☐ No
in any year previous to 1997-98?
If yes, how much, total? _____

PFR-11 Which, if any, of these awards is not yet under contract? _____

PFR-12 Has your organization developed a conceptual rehabilitation master plan ☐ Yes ☐ No
which includes a priority list of all rehabilitation items that need to
be completed?
a. If so, who completed this plan? _____
b. What are the qualifications of the person(s) or firm completing this plan, i.e. licensed
architect, contractor, etc.?

PFR-13 What is the total cost of rehab completed on this property to date? _____

PFR-14 What is the total cost of rehab currently under contract? _____

**PFR-15 What is the total estimated cost of planned rehab still to be
completed in future years?** _____

**PFR-16 How much money does sponsor expect to be able to provide from
sources other than CDBG/NOF to be used as a match for the
total rehabilitation of this site?** _____

**PFR-17 Explain sponsor's attempts and intentions to raise additional monies to fund rehab of this
site: (See criteria on PFR, pages vi of information pages).**

PFR-18 Does sponsor own this building?

☐ Yes ☐ No

If no, does sponsor have a lease of at least five years in place?

☐ Yes ☐ No

PFR-19 Does this public facility currently meet local building code and accessibility requirements?

☐ Yes ☐ No

PFR-20 Will this public facility meet local building code and accessibility requirements upon completion of current or proposed rehabilitation activities?

☐ Yes ☐ No

PFR-21 Are there any religious activities that take place at this site?

☐ Yes ☐ No

If so, please explain:

PFR-22 What is the source of general operating funds for this facility? I.E., how are funds raised to pay the facility expenses, including utilities, insurance, maintenance, repairs, etc.?

NOTE: PFR activities require several attachments including (see attachments page):

- ☐ a property tax statement
- ☐ an estimate from a licensed builder
- ☐ a building form

MINOR HOME REPAIR

Name of Sponsoring Organization

Name of Project

HR-1. Amount requested from CDBG/NOF for this activity:

HR-2. Give the street boundaries of the area for which home repair funds are being requested.

NORTH _____

EAST _____

SOUTH _____

WEST _____

HR-3. Do your boundaries overlap with any other existing group that is funded for housing activities? If you are uncertain of other groups in the area, you can contact your neighborhood city hall or the Planning Commission (224-6225).

☐ Yes ☐ No

Name of other organization: _____

If yes, how do/will you coordinate activities with that group?

HR-4. How many single-family houses are within your boundaries?

HR-5. How many two-family houses (duplexes) are within your boundaries?

(Two-family/duplexes are usually considered to be rental property and therefore are not eligible for repair through the minor home repair program.)

HR-6. How many homes (approximately) are owner-occupied?

HR-7. Have you received home repair or home rehab funds in previous years?

☐ Yes ☐ No

If yes, complete the following:

	TOTAL FUNDS RECEIVED	HOW MANY HOMES COMPLETED ?	HOW MANY HOUSES ARE CURRENTLY IN PROCESS?	HOW MANY APPLICATIONS ARE CURRENTLY PENDING?
All years previous to 2000-2001				
2000-2001				
2001-2002				
2002-2003				

HR-8. If you have previously received home repair funding, which nonprofit housing corporation did you/are you working with? _____

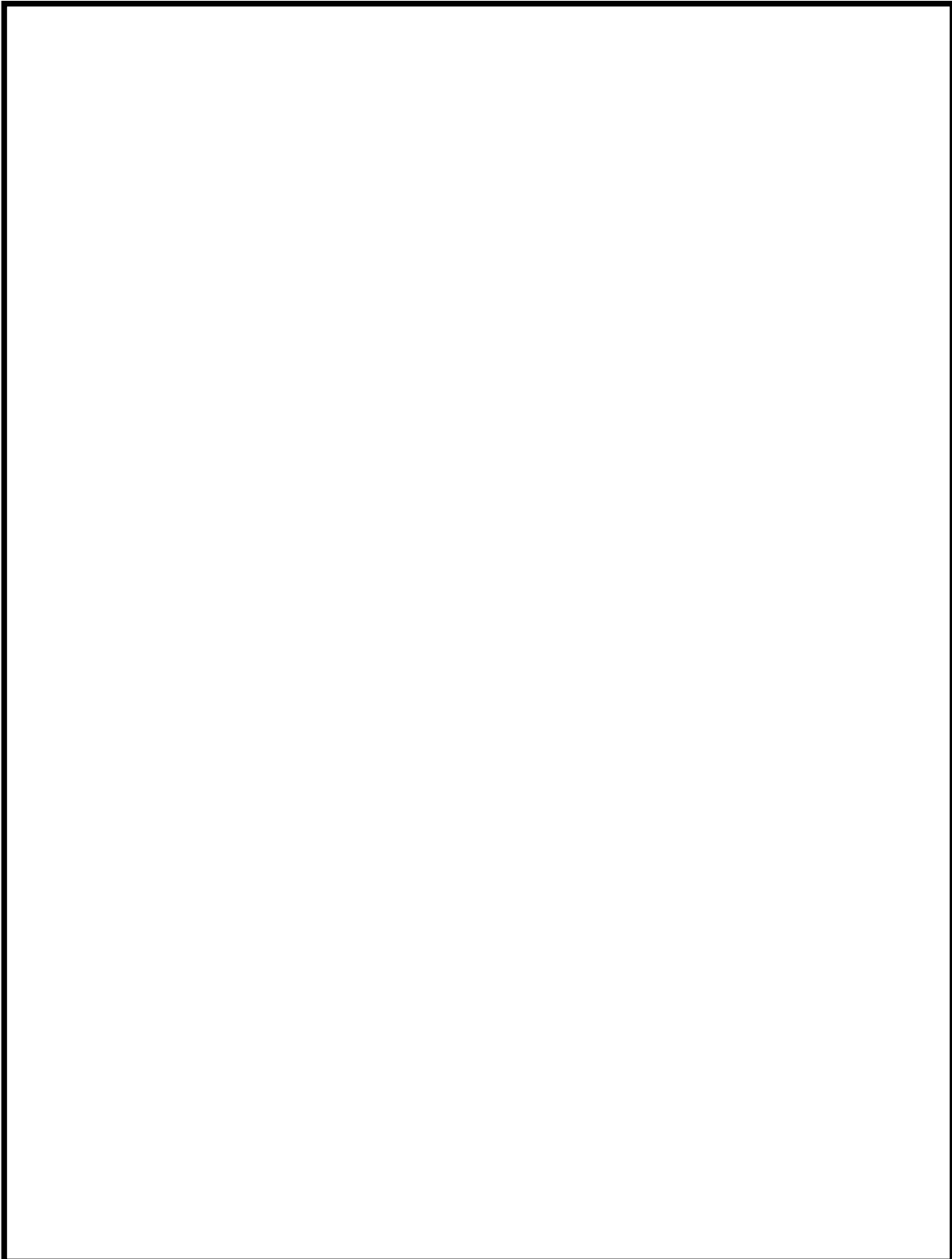
HR-9. Describe in detail any CDBG/NOF funded home repair activity that has occurred in the past year?

HR-10. What activities has your organization undertaken to support and complement your home repair program?

HR-11. What activities has your organization undertaken or planned to address concerns about lead poisoning in your community?

HR-12. If funded, explain how you will advertise the availability of home repair funds, i.e., do outreach to your community.

**HR-13. Draw a map showing your home repair project boundaries in the space below.
Identify all boundary streets on the map. You may want to copy a street map.**

A large, empty rectangular box with a black border, intended for drawing a map showing home repair project boundaries and identifying boundary streets.

“OTHER” ACTIVITY

Includes Public improvements, residential rehab, commercial matching, new housing construction, site improvements, acquisition, etc. Other does not include public service, home repair or public facility rehabilitation.

Name of Sponsoring Organization

Name of Project

Amount requested

Other-2. Which of the following best describes the proposed activity (*check the one that best applies*)?

☐

New Construction of Housing

[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.204]

- a) How many units will be completed with the requested funding amount? _____ units
- b) How much will it cost to complete a single unit? \$ _____
- c) Will the units be for sale and/or rent (*check the one(s) that best apply*)?
- ☐ sale ☐ rent

☐

Major Residential Rehabilitation (*i.e. cost per unit exceeds \$25,000*)

[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.202]

- a) How many units will be rehabilitated with the requested funding amount? _____ units
- b) How much will it cost to rehabilitate a single unit? \$ _____

☐

Acquisition

[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.201(a)]

- a) What are the plans for the site once it is acquired?

☐

Planning

[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.205]

☐

Residential public improvement (*i.e. street, sidewalk, park, playground, etc.*)

[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.201(c)]

☐

Commercial strip improvement (*i.e. street, sidewalk, street furniture, etc.*)

[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.201(c)]

☐

Commercial Matching Grants for Façade Improvement

[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.202(a)(3)]

☐ **Economic Development** (*i.e. activities that benefit a business, not an individual*)
[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.204]

☐ **Technical Assistance**
[SEE CDBG FEDERAL REGULATIONS 24 CFR 570.201(p)]

☐ **Other** (*please specify*): _____
[PLEASE CITE THE REGULATIONS THAT APPLY: _____]

Other-3. What is the location (i.e. address and/or boundaries) of _____
the proposed activity? (*Attach a map labeled as ATTACHMENT 10*)

Other-4. Does this program in any way support the Mayor's Kids, _____
Cops, Clean initiative? ☐ Yes ☐ No
If yes, please explain EXACTLY how this program supports the Kids, Cops, Clean initiative:

Other-5. Which Community Revitalization Strategy area(s) does this program serve? Check all
that apply. See map provided with instructions

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cluster 1 | <input type="checkbox"/> Cluster 2 |
| <input type="checkbox"/> Cluster 3 | <input type="checkbox"/> Cluster 4 |
| <input type="checkbox"/> Cluster 5 | <input type="checkbox"/> Cluster 6 |
| <input type="checkbox"/> Cluster 5 | <input type="checkbox"/> Cluster 6 |
| <input type="checkbox"/> Cluster 7 | <input type="checkbox"/> Cluster 8 |
| <input type="checkbox"/> Cluster 9 | <input type="checkbox"/> Cluster 10 |

Other-6. Please describe the proposed activity in detail. *(If more space is needed, please attach additional pages labeled "OTHER-1".)*

Other-7. Please provide a detailed budget outlining how the funding will be spent.

Complete this budget for each "other" activity	Amount from other funding	Amount from 2003-2004 CDBG/NOF funds requested
PERSONNEL		
Salaries		
Employer Taxes (<i>FICA, FUTA, etc.</i>)		
Fringe (<i>health insurance, life insurance, sick days, vacation days, etc.</i>)		
Personal Services Contracts (<i>List title for each & hourly rate or weekly pay</i>)		
OPERATING EXPENSES (<i>Itemize</i>)		
Rent		
Utilities		
Transportation		
Communication		
Insurance		
Consumable supplies		
Other (<i>list</i>)		
SPECIFIC PROGRAM EXPENSES -Excluding personnel (<i>Itemize</i>)		
TOTAL AMOUNT REQUESTED FROM CDBG/NOF		

Other-8. For proposed activities involving property (i.e. acquisition, construction, development, etc.) who currently has site control? Please explain.

Other-9. If the proposed activity involves new housing construction or purchase of city owned property, the organization must submit a concept plan review application to the Planning and Development Department.

a) If this applies to the proposed activity, has a concept plan review application been submitted?

☐ Yes (**If yes, please provide copy.)

☐ No

For Questions OTHER-10 and OTHER-11: PLEASE REFER TO ELIGIBILITY CRITERIA IN THE FEDERAL REGULATIONS.

- These can be found on the web at www.hud.gov/cpd/communitydevelopment/rulesandregs/regulations/index.cfm .
- Copies are also available at the library.
- Contact city departments for further assistance.

Other-10. Explain in detail how the proposed activity meets a CDBG national objective (as specified in the CDBG Federal Regulations 24 CFR 570.208).

Other-11. Explain in detail how the proposed activity meets the activity eligibility requirements (as specified in the CDBG Federal Regulations 24 CFR 570.201,202,203,204,205 and/or 206).

Other-12. Discuss how the parties involved in this project are qualified (i.e. education, background, and/or experience).

Other-13. What will the requested funding allow the organization to accomplish over the next year?

Other-14. Is the proposed activity part of a longer term project? (If so, please submit a project plan.)

- a) When did the project start? _____
- b) When is the project expected to be completed? _____
- c) How much will the longer term project cost over time? \$ _____
- d) What other sources have committed funding to this project? How much has each committed?

Source	Amount

- e) How many years has the organization received CDBG/NOF funding for this project? _____
- f) How many more years of CDBG/NOF will the organization request? _____

Other-15. In general, who will the proposed activity benefit and how?

Other-16. How many of each of the following will the proposed activity benefit over the next year if funded at the requested amount? Please indicate by cluster per the CRS map enclosed:

Cluster	1	2	3	4	5	6	7	8	9	10	Total
Individuals											
Households											
Businesses											
Properties											
Communities											
Organizations											
Other: _____											

☐ Not Applicable (*please explain*):

Other-17. How many of each of the following will the proposed activity benefit once the project is completed (*if applicable*)?

Cluster	1	2	3	4	5	6	7	8	9	10	Total
Individuals											
Households											
Businesses											
Properties											
Communities											
Organizations											
Other: _____											

☐ Not Applicable (*please explain*):

Other-18. Do residents within the community support the proposed activity? How has that been determined?

Other-19. How will the proposed activity complement activities already taking place in the community? *(Please submit a community or neighborhood plan, if available.)*

REQUIRED ATTACHMENTS

1. **THREE** recent support letters from other community organizations and/or program recipients. (These letters **MUST** be dated after July 1, 2002, and should clearly indicate the need for the program, the impact of the program, efforts that you have made to collaborate and/or the reasons the sponsoring organization is an appropriate agency as an agent or operator of the program. Except in cases where client confidentiality is a concern, these letters should include the name, address, and signature of the author. Label these letters as **ATTACHMENT 1: SUPPORT LETTERS**
2. If you are incorporated, a copy of your **State of Michigan Annual Nonprofit Report**, labeled as **ATTACHMENT 2: ANNUAL REPORT**
3. A copy of your most recent newsletter, annual report, and other publicity, if any, labeled as **ATTACHMENT 3: NEWSLETTER/ANNUAL REPORT**
4. A copy of your financial statement, including income and expense report and balance sheet for your most recent fiscal year. Label as **ATTACHMENT 4: FINANCIAL STATEMENT for Last Fiscal Year**
5. If CDBG/NOF funds are currently under contract, a copy of the your current scope of service, labeled as **ATTACHMENT 5: SCOPE OF SERVICE**
6. If CDBG/NOF funds currently under contract, a copy of the most recent Schedule E (performance report), labeled as **ATTACHMENT 6: SCHEDULE E**
7. A copy of the most recent City property tax statement(s) for the facility used by your organization, labeled as **ATTACHMENT 7: PROPERTY TAX**
8. The building information form, **ATTACHMENT 8: BUILDING FORM** for each building where a proposed public service activity is planned.
9. If available, copies of your most recent health department, fire marshal, and building inspection reports, labeled as **ATTACHMENT 9: INSPECTION REPORTS**
10. A map of the project service area, labeled at **ATTACHMENT 10: Map of Project Area**
11. An estimate by a licensed contractor for work to be completed with the funds requested, labeled as **ATTACHMENT 11: ESTIMATE**
12. If you have had an audit completed, attach a copy of the findings, labeled at **ATTACHMENT 12: AUDIT FINDINGS**

FINALLY, if your organization has had an audit, please attach **ONE COPY OF THE MOST RECENT AUDIT TO THE ORIGINAL COPY** of this proposal. (*You do not need to provide 6 copies of the audit.*)

BUILDING FORM: ATTACHMENT 8

THE FOLLOWING INFORMATION SHOULD BE PROVIDED FOR EACH BUILDING WHERE A PROPOSED PUBLIC SERVICE, PUBLIC FACILITY REHAB OR OTHER CDBG/NOF ACTIVITY OCCURS.

B-1 Address of site (number and street name): _____

B-2 Does your organization own this building? ☐ Yes ☐ No

If no, who owns this building? _____

If no, does your organization have lease? ☐ Yes ☐ No

If yes, date lease expires: _____

		Yes	No	Unknown or N/A
B-3	Are property taxes for this site paid to date?			
B-4	Is this facility used as an emergency homeless shelter for more than 4 weeks/year?			
B-5	Is this facility licensed as an emergency shelter for the Homeless?			
B-6	Is this facility/program licensed as a substance abuse treatment program?			
B-7	Is this site barrier-free (handicap accessible)?			
B-8	Does building use comply with zoning regulations?			
B-9	Does building comply with building and fire code regulations?			
B-10	Has this building been designated historic?			
B-11	Has this building been inspected by the health department? If so, provide date of most recent inspection:			
B-12	Has this building been inspected by the fire marshal? If so, provide date of most recent inspection:			
B-13	Has this building been inspected by the Buildings & Safety Engineering Dept? If so, provide date of most recent inspection:			
B-14	Does sponsor have sufficient income to operate/maintain this site?			
B-15	Are any religious activities held at this site?			

B-16 If any inspection reports have indicated violations, please explain what is being done to correct those violations? Attach separate sheet labeled B-16.